

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9. 522043

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	20 minus 20 =	
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

6/07/04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	20	=
Independent	5	5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	
X39=	78	OR	X78=	
+130=		OR	+260=	
TOTAL	423	OR	TOTAL	

SMALL ENTITY



OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. <b>12-19 US CIP(2)</b>
	In re Application of <b>Borza et al.</b>	
	Application Number <b>09/522,043</b>	Filed <b>March 9, 2000</b>
	Title <b>Random Number Generator and Method for Same</b>	
	Group Art Unit <b>2132</b>	Examiner <b>Kambiz, Zand</b>
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and applicable non-small entity fee are as follows:</p> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;"> <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                         </div> <div style="width: 50%; text-align: right;"> <div style="position: relative; height: 150px;"> <div style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="position: absolute; top: 30%; right: 0; font-size: 1.2em;">JUN 10 2004</div> <div style="position: absolute; top: 40%; right: 0; font-size: 1.2em;">Technology Center 2100</div> </div> </div> </div> </div> <div style="margin-top: 20px;"> <input checked="" type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$55.00</b> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <b>50-1142</b>.         </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> I have enclosed a duplicate copy of this sheet.         </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> I am the agent of record.         </div> <div style="margin-top: 20px; display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>June 3, 2004</u></p> <p>Date</p> </div> <div style="width: 45%; text-align: right;">  <p>_____ Signature</p> <p><u>Gordon Freedman, Reg. No. 41,553</u> Typed or printed name and Registration Number</p> </div> </div>		